MAIL TO:

Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEB SITE ADDRESS:

http://ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.



			7		
State Charity Registration Number		Check if: ☐ Change of address ☐ Amended report		2011 Cof	
Name of Organization 70177 Highway 111, Suite 202	Ame	ended report	usts .		
Address (Number and Street) Rancho Mirage, CA 92270-5902	Corpo	rate or Organization No.			
City or Town, State and ZIP Code	Federa	al Employer I.D. No. 25-6774871			
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. C Make Check Payable to Attorney General's Registry c					
Gross Annual Revenue Fee Gross Annual Revenue	Fee	Gross Annual Revenue		Fee	
Less than \$25,000 0 Between 100,001 and \$250,000 Between \$25,000 and \$100,000 \$25	\$50 \$75	Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million Greater than \$50 million	;	\$150 \$225 \$300	
PART A - ACTIVITIES					
For your most recent full accounting period (beginning 07 / 01 / 2009 e Gross annual revenue \$ 86,417,319 Total assets \$ -		6 <u> , 30 , 2010 </u>) list: ,667			
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD					
Note: If you answer "yes" to any of the questions below, you must attach a separa					
response. Please review RRF-1 instructions for information required.	ite sneet þ	providing an explanation and details for	eacn "y	/es··	
During this reporting period, were there any contracts, loans, leases or other financial	transactio	ans between the organization and any	Yes	No	
officer, director or trustee thereof either directly or with an entity in which any such offi	icer, direct	or or trustee had any financial interest?		X	
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of	of the orga	nization's charitable property or funds?		X	
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?				X	
 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy. 				X	
 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider. 				×	
 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. 				×	
 During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred. 				×	
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.				×	
 Did your organization have prepared an audited financial statement in accordance with reporting period? Our financial statements were prepared on the modified 	n generally d cash b	accepted accounting principles for this asis of accounting	$\overline{\mathbb{X}}$		
Organization's area code and telephone number (760) 328 2829					
Organization's e-mail address dhinton@sunnylands.org					
I declare under penalty of perjuty that I have examined this report, including accomparities true, correct and complete.	nying doc	uments, and to the best of my knowled	gerand t	nelief	
it is true, colrect and complete Debbi Hinton		Chief Financial Officer	5/11		
Signature of authorized officer Printed Name		Title	Date		
		18500	RRF-1		